



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: WOODLAWN HOSPITAL

City of Hospital: Rochester

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Carrie Bowers

Email Address: cbowers@woodlawnhospital.com

Medicare Provider Number: 151313

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$17291998
Outpatient Patient Service Revenue	\$146145254
Total Gross Patient Service Revenue	\$163437252

2. Deductions From Revenue

Contractual Allowance	\$100466621
Other Deductions	\$5202899
Total Deductions	\$105669520

3. Total Operating Revenue

Net Patient Service Revenue	\$57767732
Other Operating Revenue	\$3795661
Total Operating Revenue	\$61563393

4. Operating Expenses

Salaries and Wages	\$26827109	Employee Benefits	\$6981100
Depreciation and Amortization	\$1849173	Interest Expense	\$419744
Bad Debt	\$5856467	Other Expenses	\$25931976
Total Operating Expenses	\$67865569		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-6302177	Total Assets	\$48867059
Net Non-operating Gains over Loss	\$5217565	Total Liabilities	\$48867059

Total Net Gains	\$-1084612
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$40174758	\$43253147	\$-3078389
Medicaid	\$22423442	\$16857644	\$5565798
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$100839052	\$40355830	\$60483222
Total	\$163437252	\$100466621	\$62970631

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$75000	\$-75000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$16648	\$34616	\$-17968
Community Education	\$1798	\$0	\$1798

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	146
Number of Citizens Exposed to Health Education Messages	2000

Statement Six: Charity Statement

Hospital Charity Charges	\$861361
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$861361	
HCI Payments	\$0		
Subtotal	\$0	\$861361	\$-861361
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$790,339		
Subtotal	\$790339	\$0	\$790339
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$4047055	\$0	
Total	\$4837394	\$0	\$4837394

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$5000	\$-5000
Provision of Taxes	\$0	\$67830	\$-67830
Other Allocations	\$0	\$0	\$0

Comments

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